

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018756

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 123 Primary Registration District No. 3022 Registrar's No. 72

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ridgeway</u>		c. CITY OR TOWN <u>Keokuk Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>South East Ridgeway Home</u>		d. STREET ADDRESS (If outside, give location) <u>City</u>	
3. NAME OF DECEASED (Type or print) <u>Peter Sylvester Cook</u>		4. DATE OF DEATH Month <u>5</u> - Day <u>20</u> - Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Can Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Woodman</u>	
11. BIRTHPLACE (City and state or country) <u>Keokuk Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>David Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Lane Hopkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Melvin Cook Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	
16. INFORMANT <u>Bessie Beulah Titzgerald</u>		17. ADDRESS <u>Ridgeway Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peripheral vascular collapse</u> DUE TO (b) <u>Coronary heart failure</u> DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>1</u> a.m. <u>1</u> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1961</u> to <u>death</u> and last saw him alive on <u>May 1 '62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>St. B. B. B.</u>		22b. ADDRESS <u>Bethany Mo</u>	
22c. DATE SIGNED <u>5-22-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-23-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Cemetery</u>	
23d. LOCATION (City, town, or county) <u>4 mi. S.W. Keokuk, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Donald W. Boggs</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Jella Mayley</u>		27. ADDRESS <u>Keokuk Mo</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

b410

2 0410

3

4 0

5 2

6

7 0

8 2

9 422.1

10

11

12 10-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert R. Rogers

Licensed Embalmer No. 3576

P. O. Address Ridgeway Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.